

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 0742121  
APPLICANT(S) \_\_\_\_\_

FILING DATE \_\_\_\_\_

**CLAIMS**

	AD FILED		APPLICANT'S ACCOMPLISHMENT		APPLICANT'S ACCOMPLISHMENT	
	CID	DEP	CID	DEP	CID	DEP
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16		2				
17		2				
18		1				
19		1				
20		1				
21		1				
22		1				
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26						
27						
28						
29						
30						
31						
32		2				
33		1				
34		1				
35		1				
36		1				
37						
38		1				
39		1				
40		1				
41						
42						
43						
44						
45						
46						
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	40					
TOTAL CLAIMS	43					

	CID	DEP	CID	DEP	CID	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						